

EXHIBIT M

Transcribed Trial Testimony of Samuel Romirowsky that was video recorded and played for the Jury

SamuelRomirowsky-editedfortrial

Designation List Report



Romirowsky, Samuel

2025-06-30

| | |
|---|-----------------|
| <u>Our Designations</u> | 01:07:52 |
| TOTAL RUN TIME | 01:07:52 |

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| DESIGNATION | SOURCE | DURATION | ID |
|--------------|---|----------|---|
| 5:24 - 29:20 | Romirowsky, Samuel 2025-06-30 | 00:32:22 | |
| 5:24 | Whereupon, | | SamuelRomirowsky-editedfortrial. |
| 5:25 | SAMUEL ROMIROWSKY, PH.D., | | 1 |
| 6:01 | called as a witness, having been first duly | | |
| 6:02 | sworn to tell the truth, the whole truth, and nothing | | |
| 6:03 | but the truth, testified as follows: | | |
| 6:04 | - - - | | |
| 6:05 | DIRECT EXAMINATION | | |
| 6:06 | - - - | | |
| 6:07 | BY MR. ZIMMERMAN: | | |
| 6:08 | Q. Hello, Dr. Romirowsky. Can you please | | |
| 6:09 | introduce yourself to the jury? | | |
| 6:10 | A. Of course. My name is Sam Romirowsky. | | |
| 6:11 | I'm a licensed psychologist. I've been in practice | | |
| 6:12 | for approximately 45 years, and I had the | | |
| 6:13 | opportunity in this case to evaluate | | |
| 6:14 | Mr. Desrosiers. | | |
| 6:15 | Q. You mentioned that you are a | | |
| 6:16 | psychologist. What does a psychologist do? | | |
| 6:17 | A. A psychologist specializes in human | | |
| 6:18 | behavior and based on past behavior and symptoms is | | |
| 6:19 | able to, to a reasonable degree, predict how people | | |
| 6:20 | will behave going forward. | | |
| 6:21 | Q. As a psychologist, do you from time to | | |
| 6:22 | time diagnose disorders? | | |
| 6:23 | A. Yes. | | |
| 6:24 | Q. And -- | | |
| 6:25 | A. Regularly. | | |
| 7:01 | Q. I'm sorry? | | |
| 7:02 | A. I'm sorry to interrupt. Regularly. | | |
| 7:03 | Q. Okay. Can you give some examples of | | |
| 7:04 | the types of diagnoses that psychologists can -- | | |
| 7:05 | can find? | | |
| 7:06 | A. Depending on what kinds of problems, | | |
| 7:07 | what kinds of symptoms a patient presents with or | | |
| 7:08 | wants help with, a psychologist might find that a | | |
| 7:09 | person has what's called a mood disorder. | | |
| 7:10 | In plain English, it means that they're | | |
| 7:11 | sad and that usually, if they have the symptoms | | |

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| 7:12 | that meet the criteria, shows that they have a | | |
| 7:13 | depressive disorder, that they're suffering not | | |
| 7:14 | just feeling sad or blue, like everybody does, but | | |
| 7:15 | have other symptoms that make it reach the level of | | |
| 7:16 | an actual psychiatric diagnosis called depression. | | |
| 7:17 | Some of them might present feeling | | |
| 7:18 | jittery, apprehensive, worried all the time, and | | |
| 7:19 | unable to control their worry; that person might be | | |
| 7:20 | suffering from what's called an anxiety disorder. | | |
| 7:21 | So there's anxiety, there's depression, mood | | |
| 7:22 | disorders. | | |
| 7:23 | And there are thought disorders where | | |
| 7:24 | people really can't distinguish what's reality from | | |
| 7:25 | what's fantasy, and those are called psychotic | | |
| 8:01 | disorders. | | |
| 8:02 | So there's a whole spectrum of reasons | | |
| 8:03 | why people might seek out a psychologist. | | |
| 8:04 | Q. Doctor, were you retained by our office | | |
| 8:05 | to perform a review of Mr. Desrosiers' medical | | |
| 8:06 | records, perform an evaluation of him, and provide | | |
| 8:07 | professional psychological opinions concerning his | | |
| 8:08 | mental health? | | |
| 8:09 | A. Yes, I was. | | |
| 8:10 | Q. Before we get to Mr. Desrosiers, can | | |
| 8:11 | you please tell the jury a little bit about | | |
| 8:12 | yourself? And please start with your educational | | |
| 8:13 | history. | | |
| 8:14 | A. Sure. I received my undergraduate | | |
| 8:15 | college education at Temple University here in | | |
| 8:16 | Philadelphia and continued -- after receiving a | | |
| 8:17 | Bachelor of Arts degree, I continued to receive a | | |
| 8:18 | master's degree. | | |
| 8:19 | I then continued my studies in | | |
| 8:20 | psychology in New York at Columbia University where | | |
| 8:21 | I received a master's degree and then continued to | | |
| 8:22 | receive my doctorate, a Ph.D. degree. | | |
| 8:23 | And as part of that doctoral program, I | | |
| 8:24 | did an internship -- that's additional hands-on | | |
| 8:25 | supervised training -- at the Veterans | | |
| 9:01 | Administration Hospital in New Haven, Connecticut, | | |
| 9:02 | and training at the Philadelphia Child Guidance | | |

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| 9:03 | Clinic in Philadelphia, and Moss Rehabilitation | | |
| 9:04 | Hospital also in Philadelphia. | | |
| 9:05 | I received my doctorate in 1978 and | | |
| 9:06 | went on to get postdoctoral training in a specialty | | |
| 9:07 | called neuropsychology, which is the study of the | | |
| 9:08 | connection between brain -- which parts of your | | |
| 9:09 | brain are controlling human behavior. | | |
| 9:10 | I've been in private practice for the | | |
| 9:11 | last 45 years. | | |
| 9:12 | Q. Are you licensed in any particular | | |
| 9:13 | states? | | |
| 9:14 | A. I am. I'm licensed in the Commonwealth | | |
| 9:15 | of Pennsylvania, as well as the state of Delaware. | | |
| 9:16 | Q. Did you obtain any special | | |
| 9:17 | certifications for your analysis for this case? | | |
| 9:18 | A. I did have to become temporarily | | |
| 9:19 | licensed in the state of Massachusetts, so I was | | |
| 9:20 | able to practice and perform the evaluation, as the | | |
| 9:21 | ethics of my profession requires. | | |
| 9:22 | Q. So I understand that you essentially | | |
| 9:23 | had your own clinical practice for several decades. | | |
| 9:24 | Can you just walk us through what you did in that | | |
| 9:25 | practice? | | |
| 10:01 | A. Sure. So there are two components, two | | |
| 10:02 | different kinds of practices that were incorporated | | |
| 10:03 | into my overall general private practice. One part | | |
| 10:04 | of my practice was treating patients. My practice | | |
| 10:05 | was limited to people who are over five years old, | | |
| 10:06 | extending all the way through seniors. | | |
| 10:07 | That would be individuals, couples, | | |
| 10:08 | families, so there were many combinations of | | |
| 10:09 | reasons why people might present and seek | | |
| 10:10 | treatment, and I was providing it. That's the | | |
| 10:11 | clinical side of my practice. | | |
| 10:12 | The forensic side of my practice was | | |
| 10:13 | not about treatment but rather doing evaluations | | |
| 10:14 | where I'm not -- I'm not providing any services to | | |
| 10:15 | help the person. I'm just trying to get to the | | |
| 10:16 | truth of what seems to be true about the way this | | |
| 10:17 | person is functioning. Do they have a | | |
| 10:18 | psychological disturbance? What caused the | | |

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| | 10:19 psychological disturbance and what treatment, if | | |
| | 10:20 any, might they need in the future? | | |
| | 10:21 Q. Is that what you did here, the forensic | | |
| | 10:22 investigation? | | |
| | 10:23 A. Yes. That's exactly what I did. | | |
| | 10:24 Q. And I understand, obviously, in | | |
| | 10:25 forensic investigations, lawyers like our firm, | | |
| | 11:01 will hire you from time to time to perform an | | |
| | 11:02 evaluation? | | |
| | 11:03 A. Yes. | | |
| | 11:04 Q. This is a civil case. Have you handled | | |
| | 11:05 forensic investigations in a civil case before? | | |
| | 11:06 A. I have. | | |
| | 11:07 Q. Have you handled investigations in | | |
| | 11:08 criminal cases before? | | |
| | 11:09 A. I have. | | |
| | 11:10 Q. How about in family court cases? | | |
| | 11:11 A. Many times. | | |
| | 11:12 Q. In terms of who hires you, do you hold | | |
| | 11:13 yourself out to be hired by both plaintiff and | | |
| | 11:14 defense attorneys? | | |
| | 11:15 A. I do. | | |
| | 11:16 Q. And have you worked for plaintiff and | | |
| | 11:17 defense attorneys in providing evaluations? | | |
| | 11:18 A. Yes. | | |
| | 11:19 Q. Have you worked for the person who | | |
| | 11:20 represents the injured person? | | |
| | 11:21 A. Yes. | | |
| | 11:22 Q. And have you worked for attorneys who | | |
| | 11:23 are defending against claims by an injured person? | | |
| | 11:24 A. Yes. | | |
| | 11:25 Q. Between those two, do you tend to work | | |
| | 12:01 more on the plaintiff's side or the defense side? | | |
| | 12:02 A. I tend to work more frequently with the | | |
| | 12:03 plaintiff's side, and that's because it's more | | |
| | 12:04 frequent that the plaintiff's side is calling me, | | |
| | 12:05 not that I have a preference for working for one | | |
| | 12:06 side or the other. The phone rings more often from | | |
| | 12:07 the plaintiff side. | | |
| | 12:08 Q. We've been talking for the last couple | | |
| | 12:09 of minutes about the forensic part of your | | |

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| 12:10 | practice. Do you still treat patients in that | | |
| 12:11 | first part that you were mentioning? | | |
| 12:12 | A. I don't. About, I don't know, three or | | |
| 12:13 | four years ago I made a decision based on | | |
| 12:14 | lifestyle, really at my age, that I was going to | | |
| 12:15 | cut back a little bit. So I stopped treating | | |
| 12:16 | patients, and now I'm exclusively doing forensic | | |
| 12:17 | evaluations, as you mentioned, for a variety of | | |
| 12:18 | courts, criminal court, civil litigation, | | |
| 12:19 | industrial accident boards, all variety of courts | | |
| 12:20 | that might have a psychological question. | | |
| 12:21 | Q. And before committing yourself to doing | | |
| 12:22 | the forensic examinations, approximately how many | | |
| 12:23 | years did you spend actually treating patients? | | |
| 12:24 | A. Approximately, 40 years. | | |
| 12:25 | Q. And you've been retained to evaluate | | |
| 13:01 | whether individuals meet criterias for certain | | |
| 13:02 | disorders, as you discussed prior? | | |
| 13:03 | A. Yes. | | |
| 13:04 | Q. Do you have any examples of educational | | |
| 13:05 | or training experiences that have helped you assess | | |
| 13:06 | those disorders? | | |
| 13:07 | A. Yes. Well, let me -- let me answer the | | |
| 13:08 | question this way: I've had lots of formal | | |
| 13:09 | trainings. One category of training are what are | | |
| 13:10 | called continuing education credits. There's a | | |
| 13:11 | requirement to stay licensed in the state of | | |
| 13:12 | Delaware and the Commonwealth of Pennsylvania that | | |
| 13:13 | anyone who wants to practice in the field has to | | |
| 13:14 | take a certain amount of education to stay current | | |
| 13:15 | in what's happening in our field, so I do 40 hours | | |
| 13:16 | of training every year. | | |
| 13:17 | In addition to that, I've been trained | | |
| 13:18 | for years both at the VA Hospital, specializing in | | |
| 13:19 | training for post-traumatic stress disorder, as | | |
| 13:20 | well as at Moss Rehabilitation Hospital, | | |
| 13:21 | specializing in the psychological aspects of | | |
| 13:22 | physical problems, as well as training at the | | |
| 13:23 | Philadelphia Child Guidance Clinic at Children's | | |
| 13:24 | Hospital here in Philadelphia for problems that | | |
| 13:25 | relate to children and their families. | | |

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| | 14:01 Q. You mentioned that you still take 14:02 continuing education courses. Do you also review 14:03 literature within your field? | | |
| | 14:04 A. Yes. | | |
| | 14:05 Q. And we'll get to your opinions in this 14:06 case in a moment, but did you review any literature 14:07 specific to the issues in this case? | | |
| | 14:08 A. I did. | | |
| | 14:09 Q. And please tell us what you reviewed. | | |
| | 14:10 A. The general category that I -- of 14:11 literature that I reviewed had to do with wanting 14:12 to get an understanding of what research has been 14:13 done on the way people tend to respond 14:14 psychologically to having experienced some kind of 14:15 a gunshot incident. | | |
| | 14:16 I referenced in my report -- we may get 14:17 to later -- articles from the Journal of the 14:18 American Psychlog- -- Medical Association, the 14:19 Annals of Surgery. There's a whole variety of 14:20 research. | | |
| | 14:21 Any time that I take on a case, I want 14:22 to understand what will inform me, how can I learn 14:23 from what research has already been conducted about 14:24 predicting how various people or groups of people 14:25 will respond to the very condition that I'm now 15:01 being asked to evaluate. | | |
| | 15:02 Q. And, sir, are you a member of any 15:03 professional organizations in your field? | | |
| | 15:04 A. I am. | | |
| | 15:05 Q. Which ones? | | |
| | 15:06 A. I'm a member of the American 15:07 Psychological Association, the Pennsylvania 15:08 Psychological Association, the Delaware 15:09 Psychological Association, the Philadelphia Society 15:10 of Clinical Psychologists, the National Register of 15:11 Health Service Providers in Psychology, the 15:12 Association of Family and Conciliation Courts, and 15:13 the American Board of Forensic Examiners. | | |
| | 15:14 Q. Based upon your training and your 15:15 education and your experience, Dr. Romirowsky, do 15:16 you believe you can assist the jury in | | |

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| | 15:17 understanding what psychological injuries, if any, | | |
| | 15:18 Mr. Desrosiers sustained as a result of this | | |
| | 15:19 unintended discharge? | | |
| 15:20 | A. I believe I can, and I will do my best | | |
| 15:21 | to do just that. | | |
| 15:22 | MR. ZIMMERMAN: At this time the | | |
| 15:23 | plaintiffs offer Mr. -- Dr. Samuel Romirowsky | | |
| 15:24 | as an expert in the field of psychology, and | | |
| 15:25 | we offer the defense the opportunity to | | |
| 16:01 | question Dr. Romirowsky's credentials. | | |
| 16:02 | MS. DEVINE: No objection, and no | | |
| 16:03 | questions at this time. | | |
| 16:04 | BY MR. ZIMMERMAN: | | |
| 16:05 | Q. Dr. Romirowsky, you have a report that | | |
| 16:06 | you generated in this case? | | |
| 16:07 | A. Yes. | | |
| 16:08 | Q. And you have a copy of that with you? | | |
| 16:09 | A. I do. | | |
| 16:10 | Q. I'm going to ask you questions today. | | |
| 16:11 | You can just answer them to the best of your | | |
| 16:12 | ability. If you need to refer to your report, just | | |
| 16:13 | let us know you're doing that, because I know | | |
| 16:14 | there's a lot of information in there. Okay? | | |
| 16:15 | A. Thank you. Yes. | | |
| 16:16 | Q. Now, tell me what you do when you | | |
| 16:17 | perform one of these evaluations. What do you look | | |
| 16:18 | at? What do you do? | | |
| 16:19 | A. So I want to get a comprehensive | | |
| 16:20 | picture of who is this person that I'm evaluating. | | |
| 16:21 | So, of course, I have the opportunity to interview | | |
| 16:22 | the person and get background information that is | | |
| 16:23 | general, their family, where did they grow up, what | | |
| 16:24 | kind of education have they had, where have they | | |
| 16:25 | worked; what, if any, medical problems did they | | |
| 17:01 | experience prior to being injured; what, if any, | | |
| 17:02 | psychological problems they have prior to being | | |
| 17:03 | injured, have they sought any treatment to remedy | | |
| 17:04 | their physical or emotional problems that resulted | | |
| 17:05 | from the incident that I'm involved in evaluating. | | |
| 17:06 | And then I want the opportunity -- so I | | |
| 17:07 | don't just rely on what the person told me, I want | | |

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| | 17:08 the opportunity to review any and all records, 17:09 medical records, whether they're medical or 17:10 psychiatric, that will help me understand not just 17:11 what the person's telling me, but what do the 17:12 medical records say. 17:13 And in an ideal world, I have greater 17:14 confidence in what the person's telling me if it's 17:15 backed up by what's in their medical records. | | |
| | 17:16 Q. And we'll get to it later, but is that 17:17 what happened here? Did what you find backup or 17:18 sync with the medical records? | | |
| | 17:19 A. Yes, totally. | | |
| | 17:20 Q. Now, in this case, can you just give us 17:21 a general overview of the background information 17:22 you obtained on Mr. Desrosiers? | | |
| | 17:23 A. Yes. I'm going to, with your 17:24 permission, look at my report. | | |
| | 17:25 Q. Sure. | | |
| | 18:01 A. So in interviewing Mr. Desrosiers, I 18:02 had the opportunity to get information about his 18:03 family and his social history and learned that he 18:04 was born and raised in Haiti and came to the United 18:05 States when he was approximately 22 years old. | | |
| | 18:06 Q. How about his educational background? | | |
| | 18:07 A. He went to high school. After getting 18:08 his high school diploma, he continued on to 18:09 college, and after college he went to law school 18:10 and then became employed with the -- he went to the 18:11 police academy to become a police officer. | | |
| | 18:12 Q. And do you have a general idea of how 18:13 long he was a police officer? | | |
| | 18:14 A. I believe he graduated from the police 18:15 academy in 1995, so ever since 1995. | | |
| | 18:16 Q. And when you say "ever since," this 18:17 incident was in 2019. Is it your understanding he 18:18 worked as a police officer from '95 until 2019? | | |
| | 18:19 A. Yes, that's my understanding. | | |
| | 18:20 Q. Do you have an understanding of whether 18:21 he's returned as a police officer since this 18:22 incident? | | |
| | 18:23 A. It's my understanding that he was | | |

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| | 18:24 evaluated for his fitness to return to work, and he 18:25 was found to be unfit, meaning that he could never 19:01 by the evaluation performed by that expert, that he 19:02 was deemed unable to ever return to police work. | | |
| | 19:03 Q. Now, in terms of his family life, did 19:04 you have an opportunity to gain information about 19:05 not only who Mr. Desrosiers was but who his family 19:06 was? | | |
| | 19:07 A. Yes. He has a 37, now 39-year-old 19:08 daughter from a prior relationship. He's currently 19:09 married. He and Yvette, his wife, have three 19:10 children. The oldest is a daughter, and they have 19:11 24-year-old twin sons, now 26 years old. | | |
| | 19:12 Q. This incident was about seven years ago 19:13 in twenty -- six years ago in 2019. Fair to say 19:14 that his younger twins would've been about 19 years 19:15 old back then? | | |
| | 19:16 A. Yes. | | |
| | 19:17 Q. Okay. And do you have an understanding 19:18 of what they did during that time? | | |
| | 19:19 A. It's my understanding they were in 19:20 college. It's my further understanding that 19:21 Mr. Desrosiers was supporting his twin sons and 19:22 paying for their college. | | |
| | 19:23 Q. In terms of his work as a police 19:24 officer, what evaluations did you make in terms of 19:25 his pre-incident fitness to serve and the value and 20:01 enjoyment he took from his job? | | |
| | 20:02 A. My understanding from my interview with 20:03 Mr. Desrosiers is that the reason that he stayed a 20:04 police officer from 1995 until 2019 was that he 20:05 loved the work that he was doing. 20:06 He even sought to find work in other 20:07 police departments surrounding where he was living, 20:08 hoping that he would find a police department that 20:09 wasn't using the firearm that was involved in his 20:10 own injury. 20:11 He loved being a police officer. Being 20:12 a married, loving husband, being a father and being 20:13 a police officer, I would say were the three 20:14 essential components of his identity. | | |

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| 20:15 | Q. Is that what stood out to you during | | |
| 20:16 | the interview? | | |
| 20:17 | A. Yes. | | |
| 20:18 | Q. And your interview was about a | | |
| 20:19 | year-and-a-half ago. Do you actually have a memory | | |
| 20:20 | of that? | | |
| 20:21 | A. A memory of the interview? | | |
| 20:22 | Q. And the enjoyment that he had for his | | |
| 20:23 | not only family but his work-life? | | |
| 20:24 | A. Yes. He loved it. | | |
| 20:25 | Q. Did he, to your knowledge, have any | | |
| 21:01 | psychological treatment before the incident? | | |
| 21:02 | A. None that were reported to me, and none | | |
| 21:03 | that were found in records. | | |
| 21:04 | Q. So in terms of the records, I'm going | | |
| 21:05 | to ask you about what physical injuries he | | |
| 21:06 | sustained and what psychological injuries he | | |
| 21:07 | sustained. | | |
| 21:08 | Before I do, do you treat physical | | |
| 21:09 | injuries in your capacity? | | |
| 21:10 | A. Only if they relate to pain, but I'm | | |
| 21:11 | not a physician. I don't treat physical injuries. | | |
| 21:12 | Q. Is it still important for you to | | |
| 21:13 | understand the physical injuries in performing your | | |
| 21:14 | assessment? | | |
| 21:15 | A. It is for a couple of reasons. One is, | | |
| 21:16 | if I can understand what the physical injuries are, | | |
| 21:17 | I can understand what a reasonable person -- how a | | |
| 21:18 | reasonable person might react to having that kind | | |
| 21:19 | of injury. | | |
| 21:20 | While not everybody is the same, there | | |
| 21:21 | is an understanding of a baseline, a general | | |
| 21:22 | understanding that somebody who's been injured in a | | |
| 21:23 | certain way, a reasonable person would say, yeah, | | |
| 21:24 | makes sense that having that kind of injury, a | | |
| 21:25 | person might become -- fill in the blank -- | | |
| 22:01 | depressed or anxious, frightened, et cetera, so -- | | |
| 22:02 | Q. Tell us -- | | |
| 22:03 | A. I'm sorry. | | |
| 22:04 | Q. Sorry. Tell us what you know about the | | |
| 22:05 | severity of the physical injuries that | | |

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| | 22:06 Mr. Desrosiers suffered. | | |
| 22:07 | A. My understanding is there was an | | |
| 22:08 | unintended discharge of his firearm, and he felt | | |
| 22:09 | intense burning in his groin area, found out later | | |
| 22:10 | that the SIG Sauer 320 that he was -- had in his | | |
| 22:11 | waistband had unintentionally discharged, and the | | |
| 22:12 | bullet went through his scrotum, his penis, his | | |
| 22:13 | left testicle, and entered and left his thigh above | | |
| 22:14 | his left knee. | | |
| 22:15 | Q. Did Mr. Desrosiers report to you any of | | |
| 22:16 | the symptoms that he had as a result of the bullet | | |
| 22:17 | going through those body parts? | | |
| 22:18 | A. You mean emotional symptoms or physical | | |
| 22:19 | symptoms? | | |
| 22:20 | Q. Let's start with physical and then | | |
| 22:21 | we'll get to the emotional. | | |
| 22:22 | A. I'm going to refer to my report again. | | |
| 22:23 | Q. Sure. | | |
| 22:24 | A. He was evaluated following the injury | | |
| 22:25 | at Massachusetts General Hospital Emergency | | |
| 23:01 | Department and then underwent surgery and was | | |
| 23:02 | admitted as an inpatient. He required physical | | |
| 23:03 | therapy afterwards because he had difficulty | | |
| 23:04 | walking as a result of the injury sustained. | | |
| 23:05 | As I said earlier, he had no prior | | |
| 23:06 | history of any psychiatric problems, but after this | | |
| 23:07 | injury, he sought treatment from a psychologist who | | |
| 23:08 | diagnosed him with post-traumatic stress disorder | | |
| 23:09 | and treated him for approximately a year. | | |
| 23:10 | He also went to his primary care | | |
| 23:11 | physician who prescribed Celexa, which is often | | |
| 23:12 | used to treat depression and/or anxiety. | | |
| 23:13 | Q. Dr. Romirowsky, in terms of the | | |
| 23:14 | physical injuries, there was a list -- there were | | |
| 23:15 | several symptoms that you had in your report. We | | |
| 23:16 | put them in a list format, and I'm going to show | | |
| 23:17 | you a document that we'll mark as Exhibit 702. I'm | | |
| 23:18 | going to publish it for demonstrative purposes. | | |
| 23:19 | (Exhibit 702 was marked for purposes of | | |
| 23:20 | identification.) | | |
| 23:21 | BY MR. ZIMMERMAN: | | |

| DESIGNATION | SOURCE | DURATION | ID |
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| 23:22 | Q. And the top of this talks about the physical injuries and symptoms. Can you please read those quietly to yourself and let me know if those are the symptoms that were identified in your report? | | |
| 24:02 | A. You've identified ten symptoms, and they're exactly the ones that I've identified in my report. | | |
| 24:05 | Q. Now, in terms of the psychological injuries and symptoms, you mentioned that following the incident Dr. -- or Mr. Desrosiers consulted with a psychologist. | | |
| 24:09 | Does this also identify the symptoms and injuries from a psychological perspective that you saw? | | |
| 24:12 | A. Yes. | | |
| 24:13 | Q. And just because there are several of them, can you just go through them and identify from a psychological standpoint what injuries and symptoms Mr. Desrosiers presented? | | |
| 24:17 | A. In a combination of symptoms that were referred to in his treatment with his treating psychologist, as well as the symptoms that were reported to me in my evaluation of Mr. Desrosiers, he experienced anxiety, symptoms of depression, reported having violent nightmares following the injury. | | |
| 24:24 | He reported having unwanted thoughts that intruded on his thinking, meaning they were unwelcome and unpleasant for him. | | |
| 24:25 | | | |
| 25:01 | | | |
| 25:02 | He had impaired sleep multiple times a week at that time. | | |
| 25:03 | | | |
| 25:04 | He had the strange sensation of smelling or tasting gunpowder, which was not present. In other words, at the time of the | | |
| 25:05 | | | |
| 25:06 | | | |
| 25:07 | injury, he did taste and smell gunpowder, but long after that, when I saw him four years later, he | | |
| 25:08 | | | |
| 25:09 | still was having unwanted sensations from time to time of smelling or tasting gunpowder. | | |
| 25:10 | | | |
| 25:11 | Unfortunately, he experienced sexual dysfunction and was no longer able to get erections | | |
| 25:12 | | | |

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| 25:13 | after the injury, which led to loss of intimacy | | |
| 25:14 | with his wife. | | |
| 25:15 | He became socially withdrawn really in | | |
| 25:16 | contrast to how he was before the injury, where he | | |
| 25:17 | enjoyed the company of his colleagues and his | | |
| 25:18 | friends and family. | | |
| 25:19 | Following the accident, he preferred to | | |
| 25:20 | be alone, spending most of his daytime taking walks | | |
| 25:21 | or going to the library. | | |
| 25:22 | He reported difficulty concentrating. | | |
| 25:23 | Generally, did not like to be outside because of | | |
| 25:24 | his difficulty walking and pain, he felt | | |
| 25:25 | vulnerable. | | |
| 26:01 | He became easily startled by loud | | |
| 26:02 | noises, especially those that resembled a gunshot. | | |
| 26:03 | He felt unsafe in public because of | | |
| 26:04 | that vulnerability. | | |
| 26:05 | He was angry about what happened and | | |
| 26:06 | how this has dramatically changed his life, and | | |
| 26:07 | that he found himself overreacting and sometimes | | |
| 26:08 | having angry outbursts with very little | | |
| 26:09 | provocation. | | |
| 26:10 | Q. Did the interview complaints that | | |
| 26:11 | Mr. Desrosiers had, were they consistent with what | | |
| 26:12 | you saw in the medical records? | | |
| 26:13 | A. Yes. | | |
| 26:14 | Q. And in reviewing these injuries and | | |
| 26:15 | symptoms, did you form any conclusions about any | | |
| 26:16 | diagnoses that Mr. Desrosiers was left with as a | | |
| 26:17 | result of this incident? | | |
| 26:18 | A. Yes. | | |
| 26:19 | Q. So walk us through the process before | | |
| 26:20 | you get to the actual diagnoses. How do you go | | |
| 26:21 | about making a diagnosis? Do you just kind of | | |
| 26:22 | eye-it-up, or is there an actual process? | | |
| 26:23 | A. Well, first, you have to understand | | |
| 26:24 | that there is an objective standard that has been | | |
| 26:25 | created for determining whether a person's symptoms | | |
| 27:01 | reach the level of an actual diagnosis. It's not | | |
| 27:02 | up to Sam Romirowsky to decide whether he has a | | |
| 27:03 | diagnosis. There is a book, which is a catalog of | | |

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| DESIGNATION | SOURCE | DURATION | ID |
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| 27:04 | every single psychiatric diagnosis that exists. | | |
| 27:05 | That's called the DSM-5, the Diagnostic and | | |
| 27:06 | Statistical Manual, now in its 5th Edition. | | |
| 27:07 | Q. In reviewing the DSM-5, based upon his | | |
| 27:08 | injuries and his symptoms, did you believe that he | | |
| 27:09 | qualified for a medical diagnosis or diagnoses? | | |
| 27:10 | A. Yes. | | |
| 27:11 | Q. How many did you find? | | |
| 27:12 | A. I found that comparing the symptoms | | |
| 27:13 | that he was reporting or that were listed and | | |
| 27:14 | reflected in his medical records and comparing it | | |
| 27:15 | to the diagnostic criteria that are set forth in | | |
| 27:16 | that DSM-5, that he had two psychiatric disorders. | | |
| 27:17 | Q. Walk us through each of them, please. | | |
| 27:18 | A. So the first diagnosis is what I've | | |
| 27:19 | diagnosed and fits with the criteria in the DSM | | |
| 27:20 | called persistent depressive disorder. So in plain | | |
| 27:21 | English, what's a persistent depressive disorder? | | |
| 27:22 | The person has a depressed mood not just for one | | |
| 27:23 | day but for most days. | | |
| 27:24 | It's not so debilitating that they're | | |
| 27:25 | curled up in bed and pull the blankets over their | | |
| 28:01 | head, but their mood is low. Their energy is low. | | |
| 28:02 | They're easily fatigued. They're not sleeping | | |
| 28:03 | well. They have low self-esteem, difficulty | | |
| 28:04 | concentrating, and feeling pessimistic about their | | |
| 28:05 | future and angry about the way their life has | | |
| 28:06 | changed. | | |
| 28:07 | Those are the main features of that | | |
| 28:08 | particular diagnosis. | | |
| 28:09 | Q. Okay. And in your expert opinion, has | | |
| 28:10 | Mr. Desrosiers been dealing with that persistent | | |
| 28:11 | depressive disorder at or near -- since the time of | | |
| 28:12 | the incident? | | |
| 28:13 | A. Well, I can tell you that from the time | | |
| 28:14 | of the incident until I saw him on December 13th of | | |
| 28:15 | 2023, he was suffering from those symptoms. I | | |
| 28:16 | don't know anything about how he's functioning | | |
| 28:17 | since the date that I evaluated him. | | |
| 28:18 | Q. How about the second diagnosis that you | | |
| 28:19 | made? | | |

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| DESIGNATION | SOURCE | DURATION | ID |
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| | <p>28:20 A. So the second diagnosis is something</p> <p>28:21 called other specified trauma or stress-related</p> <p>28:22 disorder. It's very, very similar to what's called</p> <p>28:23 post-traumatic stress disorder. In fact, his</p> <p>28:24 treating psychologist diagnosed him with</p> <p>28:25 post-traumatic stress disorder, and the</p> <p>29:01 psychiatrist that evaluated him for his fitness to</p> <p>29:02 return to work as a policeman also diagnosed him</p> <p>29:03 with post-traumatic stress disorder.</p> <p>29:04 Q. How is your diagnosis different than</p> <p>29:05 theirs?</p> <p>29:06 A. In order to have a diagnosis, you have</p> <p>29:07 to meet 100 percent of the diagnostic criteria. If</p> <p>29:08 you're missing one, then you don't have that</p> <p>29:09 diagnosis. You have symptoms that resemble that</p> <p>29:10 diagnosis, but you cannot say the person has that</p> <p>29:11 diagnosis.</p> <p>29:12 When I evaluated Mr. Desrosiers, I</p> <p>29:13 thought that he had most of the symptoms --</p> <p>29:14 actually, all of the symptoms of post-traumatic</p> <p>29:15 stress disorder except for one particular symptom,</p> <p>29:16 and because he was missing that symptom, in trying</p> <p>29:17 to be as transparent and truthful as possible, I</p> <p>29:18 diagnosed him with other trauma stress disorder,</p> <p>29:19 which is akin to post-traumatic stress, absent one</p> <p>29:20 particular symptom.</p> | | |
| 30:04 - 35:14 | <p>Romirovsky, Samuel 2025-06-30</p> <p>30:04 Q. You reviewed the treating records of</p> <p>30:05 Dr. Annunziata?</p> <p>30:06 A. Yes.</p> <p>30:07 Q. And you reviewed the psychological</p> <p>30:08 evaluation performed by Dr. Duran?</p> <p>30:09 A. Yes.</p> <p>30:10 Q. And you saw the findings that they made</p> <p>30:11 in considering and coming to your conclusions in</p> <p>30:12 this case?</p> <p>30:13 A. Yes. In the records that I reviewed,</p> <p>30:14 it identified that each of those doctors reached</p> <p>30:15 the conclusion that Mr. Desrosiers had</p> | 00:07:10 | <p>SamuelRomirovsky-editedfortrial.</p> <p>2</p> |

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| | 30:16 post-traumatic stress disorder, but neither of the 30:17 doctors, which is their right, spelled out how they 30:18 reached the conclusion and which particular 30:19 symptoms confirmed that he had that particular 30:20 diagnosis, so I was unable to compare my symptom 30:21 list with their symptom list. 30:22 In my estimation, he fell just short of 30:23 having post-traumatic stress, but nearly all the 30:24 same symptoms. | | |
| | 30:25 Q. Tell us about the diagnosis you made on 31:01 the other specified trauma and stress-related 31:02 disorder. 31:03 A. You're asking how did I reach that 31:04 conclusion? 31:05 Q. How did you reach that conclusion and 31:06 what were the symptoms that led you to that 31:07 conclusion? 31:08 A. Oh, okay. Based on the interview and 31:09 review of the records, first of all, he experienced 31:10 a life-threatening experience. I think everyone 31:11 would agree that when you get injured by a bullet, 31:12 however that occurs, that that is considered in the 31:13 experience of the person that's shot a 31:14 life-threatening experience. 31:15 Secondly, he has the experience even 31:16 four years after the incident where the gun 31:17 discharged, he had these recurrent, involuntary 31:18 memories of being in pain, collapsing in the lobby 31:19 of the police department, being taken to the 31:20 emergency room, and nightmares that were violent in 31:21 which he would experience and dream about being 31:22 shot. 31:23 Another symptom -- 31:24 Q. Yeah. Please, continue. 31:25 A. I was going to say another symptom 32:01 that's part of the diagnosis, part of the 32:02 requirement for the diagnosis is does the person do 32:03 anything to avoid reminders? 32:04 Well, in Mr. Desrosiers' case, he had 32:05 stopped having contact with any of his fellow 32:06 police officers because he didn't want to answer | | |

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| | 32:07 questions about how he's doing. He wanted to avoid 32:08 that topic. He didn't really want to think about 32:09 it. And that fit with the criteria of avoiding 32:10 distressing reminders. 32:11 He had persistent feelings of sadness, 32:12 getting anxious and, as I said earlier, feeling 32:13 vulnerable, so vulnerable that he didn't really 32:14 want to go out in public because he felt that he 32:15 couldn't run, couldn't adequately protect himself 32:16 or protect his wife. 32:17 He became irritable. He reported 32:18 difficulty concentrating and that he would startle 32:19 very easily, which one can readily understand, if 32:20 you've been shot, you're going to startle very 32:21 easily. 32:22 The other criteria is that the 32:23 symptoms, when you consider all of them together, 32:24 have caused significant impact on his either family 32:25 life, his social life, or his occupational life. 33:01 And in his case, the symptoms that he reported or 33:02 that were documented impacted all three of those 33:03 areas. 33:04 This is a guy who defined who he was by 33:05 being a husband, a father, and a police officer. 33:06 And the symptoms that he experienced impacted all 33:07 three of those areas in a negative way. | | |
| | Q. Is it common in your experience for 33:09 someone who suffers a physical injury, a sexual 33:10 dysfunction injury, and a psychological injury to 33:11 have that impact their self-identity? | | |
| | A. Sure. I don't think it'll surprise 33:13 anybody on the jury to think about somebody getting 33:14 shot in their penis, in their scrotum, in their 33:15 testicle, not being able to get erections going 33:16 forward and that would affect their feeling of 33:17 being a man. 33:18 As being a police officer, in his case 33:19 was part of his identity of being a man, and he 33:20 lost that as a result of his physical injuries. He 33:21 developed these psychological injuries. | | |
| | Q. Are there treatment options for | | |

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| DESIGNATION | SOURCE | DURATION | ID |
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| | 33:23 individuals who have these diagnoses? | | |
| 33:24 | A. Yes. | | |
| 33:25 | Q. Did Mr. Desrosiers or has | | |
| 34:01 | Mr. Desrosiers undertaken any of those treatment | | |
| 34:02 | options? | | |
| 34:03 | A. He has. He sought psychological help | | |
| 34:04 | from someone who, clearly -- reveal in the | | |
| 34:05 | records -- understood the nature of trauma, was | | |
| 34:06 | presenting and providing proper treatment, in my | | |
| 34:07 | opinion, for Mr. Desrosiers. | | |
| 34:08 | He was taking medication to help reduce | | |
| 34:09 | his feelings of anxiety and depression. He was | | |
| 34:10 | doing whatever he could to feel better. He wanted | | |
| 34:11 | his old life back. | | |
| 34:12 | Q. I know that -- do you treat with | | |
| 34:13 | medications, you as a psychologist? | | |
| 34:14 | A. No. I collaborate with either a | | |
| 34:15 | psychiatrist or the patient's family doctor, | | |
| 34:16 | primary care physician, to get the proper care. | | |
| 34:17 | Q. And tell me about the medication care | | |
| 34:18 | that Mr. Desrosiers has received as a result of | | |
| 34:19 | this incident for his mental, psychological | | |
| 34:20 | injuries. | | |
| 34:21 | A. So just to be technically accurate, for | | |
| 34:22 | me to give an opinion about Celexa, which is the | | |
| 34:23 | medication he was taking, it's out of my specialty | | |
| 34:24 | area. | | |
| 34:25 | Q. Rather than -- | | |
| 35:01 | A. I'm aware -- I'm sorry. | | |
| 35:02 | Q. Rather than giving an opinion about the | | |
| 35:03 | medication, is that a medication that you | | |
| 35:04 | understand is prescribed to people with these | | |
| 35:05 | diagnoses? | | |
| 35:06 | A. Yes. Thank you. | | |
| 35:07 | I was going to say in my experience | | |
| 35:08 | I've collaborated with doctors for years and for | | |
| 35:09 | decades where Celexa was a medication, among | | |
| 35:10 | others, that was used to treat these same symptoms. | | |
| 35:11 | Q. It may be obvious, but the | | |
| 35:12 | psychological treatment with a psychologist, that | | |
| 35:13 | costs money in order to attend those sessions? | | |

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| DESIGNATION | SOURCE | DURATION | ID |
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| | 35:14 A. Yes. | | |
| 36:03 - 36:15 | Romirowsky, Samuel 2025-06-30 | 00:00:32 | SamuelRomirowsky-editedfortrial. 3 |
| | 36:03 Q. Sir, the question was whether the | | |
| | 36:04 treatment for attending sessions with a | | |
| | 36:05 psychologist, that costs money, does it not? | | |
| | 36:06 A. Yes. Some part of it may or may not be | | |
| | 36:07 covered by a person's health insurance. Even when | | |
| | 36:08 they have health insurance that covers some part of | | |
| | 36:09 the treatment, there's usually what's called a | | |
| | 36:10 copay where they have to pay out of pocket some | | |
| | 36:11 amount of money. | | |
| | 36:12 Q. And the medications, regardless of who | | |
| | 36:13 would be paying for it, those cost money as well | | |
| | 36:14 for the treatment? | | |
| | 36:15 A. Sure. | | |
| 36:22 - 39:08 | Romirowsky, Samuel 2025-06-30 | 00:03:05 | SamuelRomirowsky-editedfortrial. 4 |
| | 36:22 Q. Doctor, you've given two diagnoses. If | | |
| | 36:23 you could just repeat those for the last time so | | |
| | 36:24 that the jury understands exactly what your | | |
| | 36:25 findings were? | | |
| | 37:01 A. So I found based on matching | | |
| | 37:02 Mr. Desrosiers' symptoms that the criteria listed | | |
| | 37:03 in the DSM-5, that book that sets forth the | | |
| | 37:04 criteria that you have to have in order to say the | | |
| | 37:05 person has a particular psychiatric disorder, I | | |
| | 37:06 found that he suffered from two different | | |
| | 37:07 disorders: The first, persistent depressive | | |
| | 37:08 disorder; feeling sad, difficulty concentrating, | | |
| | 37:09 and the list of symptoms that I identified earlier, | | |
| | 37:10 and the second is other specified trauma and | | |
| | 37:11 stress-related disorder. | | |
| | 37:12 Q. I'll show you, sir, the end of the | | |
| | 37:13 Exhibit 702 demonstrative. The diagnoses that you | | |
| | 37:14 made are listed at the top? | | |
| | 37:15 A. Yes. | | |
| | 37:16 Q. And you reviewed the diagnoses made by | | |
| | 37:17 the treating psychologist and psychological | | |
| | 37:18 evaluation for fitness to return to work? | | |

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| | 37:19 A. Yes. | | |
| | 37:20 Q. You also -- | | |
| | 37:21 A. While -- while the names of the | | |
| | 37:22 diagnoses are different, they're essentially | | |
| | 37:23 99 percent overlapping with my diagnosis. They're | | |
| | 37:24 both -- they're all stress and trauma-related | | |
| | 37:25 disorders. | | |
| | 38:01 Q. You also reviewed the work evaluation | | |
| | 38:02 on whether or not Mr. Desrosiers was capable of | | |
| | 38:03 returning to police work? | | |
| | 38:04 A. Yes. | | |
| | 38:05 Q. And what was your review, or what did | | |
| | 38:06 your review find? | | |
| | 38:07 A. He was -- he was -- it was found and | | |
| | 38:08 reported back to him that he could never return to | | |
| | 38:09 police work. | | |
| | 38:10 Q. And do you recommend further | | |
| | 38:11 psychological treatment and counseling? | | |
| | 38:12 A. I do. | | |
| | 38:13 Q. And do you recommend further | | |
| | 38:14 consideration for the continued use of medication | | |
| | 38:15 for anxiety and depression? | | |
| | 38:16 A. I do. It's my -- it's my sense that by | | |
| | 38:17 the time he completed treatment with his treating | | |
| | 38:18 psychologist between the regular treatment he was | | |
| | 38:19 receiving, which was giving him good emotional | | |
| | 38:20 support and coping skills, and with the medication | | |
| | 38:21 that he was taking, that he was generally | | |
| | 38:22 functioning much better. | | |
| | 38:23 But since that time, I saw him more | | |
| | 38:24 than a year after he had stopped treatment. It's | | |
| | 38:25 my sense that his symptoms returned, and I'm | | |
| | 39:01 recommending that he go back to treatment. | | |
| | 39:02 Q. Doctor, have all of the opinions that | | |
| | 39:03 you've given today been based upon a reasonable | | |
| | 39:04 degree of psychological certainty? | | |
| | 39:05 A. Yes. | | |
| | 39:06 MR. ZIMMERMAN: I want to thank you for | | |
| | 39:07 your time, and we'll pass the questions | | |
| | 39:08 along. | | |

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| DESIGNATION | SOURCE | DURATION | ID |
|---------------|---|----------|---|
| 39:21 - 43:03 | Romirovsky, Samuel 2025-06-30 | 00:02:54 | SamuelRomirovsky-editedfortrial. |
| | 39:21 Q. Good afternoon, Dr. Romirovsky. | | 5 |
| | 39:22 A. Hi. | | |
| | 39:23 Q. My name's Alaina Devine. I'm one of | | |
| | 39:24 the lawyers for SIG Sauer, and I have a few | | |
| | 39:25 questions for you here today. | | |
| | 40:01 You were hired in this case by the | | |
| | 40:02 lawyers representing the plaintiffs, correct? | | |
| | 40:03 A. Yes. | | |
| | 40:04 Q. And you were paid \$3,500 to speak to | | |
| | 40:05 Mr. Desrosiers and complete your evaluation in this | | |
| | 40:06 case, correct? | | |
| | 40:07 A. Yes. | | |
| | 40:08 Q. And it's true, is it not, that you've | | |
| | 40:09 completed evaluations like this hundreds of times | | |
| | 40:10 previously, correct? | | |
| | 40:11 A. What do you mean when you say "like | | |
| | 40:12 this"? | | |
| | 40:13 Q. Sure. Like the one you completed for | | |
| | 40:14 Mr. Desrosiers. | | |
| | 40:15 A. In the -- in the sense that they're | | |
| | 40:16 forensic evaluations, yes. | | |
| | 40:17 Q. Correct. And you're paid generally | | |
| | 40:18 each time that you complete those, correct? | | |
| | 40:19 A. Sure. | | |
| | 40:20 Q. And you charge \$2,500 to testify at a | | |
| | 40:21 deposition, correct? | | |
| | 40:22 A. Yes. | | |
| | 40:23 Q. And your current rate is \$5,000 to | | |
| | 40:24 testify at trial or to give a trial deposition like | | |
| | 40:25 you are today, correct? | | |
| | 41:01 A. Yes. | | |
| | 41:02 Q. I think you explained this on direct, | | |
| | 41:03 but 100 percent of your practice at this point is | | |
| | 41:04 as an expert witness or consultant, correct? | | |
| | 41:05 A. Yes. | | |
| | 41:06 Q. And about 90 percent of the time it's | | |
| | 41:07 on behalf of the plaintiff, correct? | | |
| | 41:08 A. Yes. | | |
| | 41:09 Q. And you've worked for this plaintiffs' | | |

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| | 41:10 lawyer's firm before, correct? | | |
| 41:11 | A. Yes. | | |
| 41:12 | Q. Dr. Romirowsky, have you ever been the | | |
| 41:13 | subject of a disciplinary action by the State Board | | |
| 41:14 | of Psychology in Pennsylvania? | | |
| 41:15 | A. Yes. | | |
| 41:16 | Q. And in 2020 you entered into a consent | | |
| 41:17 | decree with the State Board of Psychology in | | |
| 41:18 | Pennsylvania for three separate violations of the | | |
| 41:19 | Professional Psychologist Practices Act, correct? | | |
| 41:20 | A. Yes. | | |
| 41:21 | Q. One of those was a violation of | | |
| 41:22 | Section 8(a)1 that you committed immoral or | | |
| 41:23 | unprofessional conduct by departing from the | | |
| 41:24 | standards of acceptable and prevailing | | |
| 41:25 | psychological practice by disseminating a patient's | | |
| 42:01 | personal information, correct? | | |
| 42:02 | A. Yes. | | |
| 42:03 | Q. And as a result of that consent decree, | | |
| 42:04 | you had a public reprimand entered against your | | |
| 42:05 | license, correct? | | |
| 42:06 | A. Yes. | | |
| 42:07 | Q. And you agreed to pay -- | | |
| 42:08 | A. To be clear, that reprimand does not | | |
| 42:09 | include anything about my ability -- does not | | |
| 42:10 | impact my ability to practice. | | |
| 42:11 | Q. Okay. And you agreed to pay a fine of | | |
| 42:12 | \$10,000, correct? | | |
| 42:13 | A. Yes. | | |
| 42:14 | Q. And you were also ordered to attend and | | |
| 42:15 | complete 15 hours of remedial education on ethics, | | |
| 42:16 | correct? | | |
| 42:17 | A. Yes. | | |
| 42:18 | Q. You were also previously the subject of | | |
| 42:19 | a disciplinary action by the State Board of | | |
| 42:20 | Psychology in Pennsylvania in 1994, correct? | | |
| 42:21 | A. I'm not sure which one that refers to. | | |
| 42:22 | Q. Was this your first violation, | | |
| 42:23 | Dr. Romirowsky? | | |
| 42:24 | A. I believe so. 2017. | | |
| 42:25 | Q. Are you aware in the consent decree | | |

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| | 43:01 entered in 2020 that you signed it cites a prior 43:02 disciplinary action by the Board in 1994? 43:03 A. I don't recall that. | | |
| 44:10 - 57:14 | Romirovsky, Samuel 2025-06-30 | 00:12:36 | SamuelRomirovsky-editedfortrial. |
| | 44:10 A. I do. I don't remember the year, but I | | 6 |
| | 44:11 know the complaint. 44:12 BY MS. DEVINE: 44:13 Q. Okay. And at least as reflected here 44:14 in that case, you admitted a violation of 44:15 Section 8(a)11 and that you committed 44:16 unprofessional conduct by failing to prepare a 44:17 child custody evaluation in accordance with the 44:18 standard of care and the Guidelines for Child 44:19 Custody Evaluations of the American Psychological 44:20 Association, correct? 44:21 A. Yes. It had to do with using a term of 44:22 art inappropriately in the language of my -- my 44:23 child custody evaluation report. 44:24 Q. You were also in that case ordered to 44:25 pay a civil penalty, correct? 45:01 A. Yes. 45:02 Q. And you were also ordered to complete 45:03 30 hours of remedial education, correct? 45:04 A. Yes. This is 20, 21 years ago. Yes. 45:05 Q. The second one we talked about. The 45:06 first one was from 2017, with the order entered in 45:07 2020, correct? 45:08 A. Yes. 45:09 Q. Your evaluation of Mr. Desrosiers in 45:10 December of 2023, that took place over Zoom, 45:11 correct? 45:12 A. Yes. 45:13 Q. And you were paid by the lawyers in 45:14 this case to conduct that evaluation, correct? 45:15 A. Yes. 45:16 Q. And, in fact, you administered to 45:17 Mr. Desrosiers a statement of non-confidentiality, 45:18 including disclosing that you're evaluating his 45:19 condition as it relates to his lawsuit, correct? | | |

| DESIGNATION | SOURCE | DURATION | ID |
|-------------|---|----------|----|
| | 45:20 A. Yes. | | |
| | 45:21 Q. You disclosed to him that you were not | | |
| | 45:22 providing him any treatment, correct? | | |
| | 45:23 A. Correct. | | |
| | 45:24 Q. You disclosed to him that there was no | | |
| | 45:25 doctor-patient relationship formed, correct? | | |
| | 46:01 A. Yes. | | |
| | 46:02 Q. And you disclosed to him that you would | | |
| | 46:03 release your findings to Mr. Desrosiers' attorneys, | | |
| | 46:04 correct? | | |
| | 46:05 A. Yes. | | |
| | 46:06 Q. And you spoke to Mr. Desrosiers in | | |
| | 46:07 December of 2023 for approximately two hours; is | | |
| | 46:08 that correct? | | |
| | 46:09 A. Yes. | | |
| | 46:10 Q. And is that the only time you've ever | | |
| | 46:11 spoken with him? | | |
| | 46:12 A. Yes. | | |
| | 46:13 Q. And you've never met with him in | | |
| | 46:14 person, correct? | | |
| | 46:15 A. Just by Zoom. | | |
| | 46:16 Q. You completed a mental status | | |
| | 46:17 examination of Mr. Desrosiers, correct? | | |
| | 46:18 A. Yes. | | |
| | 46:19 Q. And that would be sort of a snapshot of | | |
| | 46:20 a person's cognitive or emotional functioning at a | | |
| | 46:21 specific point in time, correct? | | |
| | 46:22 A. Yes. | | |
| | 46:23 Q. And at that time, at least according to | | |
| | 46:24 your report, Mr. Desrosiers was logical and | | |
| | 46:25 coherent, correct? | | |
| | 47:01 A. Yes. | | |
| | 47:02 Q. No evidence of disturbed thinking, | | |
| | 47:03 correct? | | |
| | 47:04 A. Correct. | | |
| | 47:05 Q. He had good eye contact, and he | | |
| | 47:06 remained fully engaged in your interview with him, | | |
| | 47:07 correct? | | |
| | 47:08 A. He did, yes. | | |
| | 47:09 Q. And you did not conduct any tests of | | |
| | 47:10 Mr. Desrosiers beyond a mental status examination | | |

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| DESIGNATION | SOURCE | DURATION | ID |
|-------------|---|----------|----|
| | 47:11 and your interview of him, correct? | | |
| | 47:12 A. Correct. | | |
| | 47:13 Q. You didn't conduct a Personality | | |
| | 47:14 Assessment Inventory, correct? | | |
| | 47:15 A. Correct. | | |
| | 47:16 Q. You didn't conduct a Trauma Symptom | | |
| | 47:17 Inventory, correct? | | |
| | 47:18 A. No. I relied on my interview to gain | | |
| | 47:19 the same information. | | |
| | 47:20 Q. And do psychologists in your field use | | |
| | 47:21 these tests commonly in diagnosing and treating | | |
| | 47:22 mental health conditions? | | |
| | 47:23 A. If there's a question about diagnostic | | |
| | 47:24 clarity, sure, but otherwise, the information can | | |
| | 47:25 be gained in a variety of ways. | | |
| | 48:01 Q. You conducted your interview of | | |
| | 48:02 Mr. Desrosiers and collected some background | | |
| | 48:03 information, learning that he had a bachelor's | | |
| | 48:04 degree in liberal arts and criminal justice, | | |
| | 48:05 correct? | | |
| | 48:06 A. Yes. | | |
| | 48:07 Q. A law degree that he completed in 2012, | | |
| | 48:08 correct? | | |
| | 48:09 A. I'm looking at my report. | | |
| | 48:10 Q. Sure. | | |
| | 48:11 A. Yes. | | |
| | 48:12 Q. You -- did you learn, Dr. Romirowsky, | | |
| | 48:13 that he's trilingual? | | |
| | 48:14 A. I don't recall that specifically. | | |
| | 48:15 Q. Sure. Did Mr. Desrosiers discuss with | | |
| | 48:16 you that in the fall of 2023 after his incident he | | |
| | 48:17 completed an online real estate course? | | |
| | 48:18 A. Yes. | | |
| | 48:19 Q. And Mr. Desrosiers discussed with you | | |
| | 48:20 that he was learning to play the guitar, correct? | | |
| | 48:21 A. Yes. | | |
| | 48:22 Q. And that he walks to the library almost | | |
| | 48:23 every day, correct? | | |
| | 48:24 A. Correct. | | |
| | 48:25 Q. You discussed in direct Mr. Desrosiers' | | |
| | 49:01 feelings of vulnerability, particularly around some | | |

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| DESIGNATION | SOURCE | DURATION | ID |
|-------------|---|----------|----|
| | 49:02 of his coworkers as well. | | |
| | 49:03 Is it fair to say Mr. Desrosiers | | |
| | 49:04 expressed a disinterest in meeting people that he | | |
| | 49:05 knew, including coworkers from his department? | | |
| | 49:06 A. I would say it's more of an avoidance | | |
| | 49:07 than disinterest. | | |
| | 49:08 Q. Sure. And that's in part because he | | |
| | 49:09 didn't want to talk about the incident, correct? | | |
| | 49:10 A. That's right. | | |
| | 49:11 Q. The last time Mr. Desrosiers sought | | |
| | 49:12 psychological treatment or any mental health | | |
| | 49:13 treatment from a provider was in June of 2022, | | |
| | 49:14 correct? | | |
| | 49:15 A. I think it was August of 2022. | | |
| | 49:16 Q. Okay. Not in 2023? | | |
| | 49:17 A. Is there a record that you're directing | | |
| | 49:18 my attention to? | | |
| | 49:19 Q. I'm asking you, Dr. Romirowsky, if | | |
| | 49:20 you're aware of any mental health or psychological | | |
| | 49:21 treatment that Mr. Desrosiers sought after the year | | |
| | 49:22 2022? | | |
| | 49:23 A. I don't have the date of the vocational | | |
| | 49:24 fitness to return to work evaluation performed by | | |
| | 49:25 Dr. Jill Duran. That may have post dated the | | |
| | 50:01 treatment in 2022. | | |
| | 50:02 Q. You didn't review that report yourself, | | |
| | 50:03 correct? That wasn't something that was provided | | |
| | 50:04 to you? | | |
| | 50:05 A. Correct. | | |
| | 50:06 Q. And I'll represent to you, | | |
| | 50:07 Dr. Romirowsky, that that report is dated from | | |
| | 50:08 2021. | | |
| | 50:09 A. Oh, okay. | | |
| | 50:10 Q. So back to the question at hand, are | | |
| | 50:11 you aware of any mental health or psychological | | |
| | 50:12 treatment sought by Mr. Desrosiers in 2023? | | |
| | 50:13 A. No. | | |
| | 50:14 Q. How about in 2024? | | |
| | 50:15 A. No. | | |
| | 50:16 Q. And how about in 2025, up until today, | | |
| | 50:17 at least as far as you know? | | |

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| DESIGNATION | SOURCE | DURATION | ID |
|-------------|--|----------|----|
| | 50:18 A. I haven't been provided with any -- | | |
| | 50:19 Q. Sure. | | |
| | 50:20 A. -- documents, so I can only rely on | | |
| | 50:21 what I know, and I have not been provided with any | | |
| | 50:22 documentation that post dated my evaluation in | | |
| | 50:23 December of 2023. | | |
| | 50:24 Q. Thank you. | | |
| | 50:25 The last provider, at least as far as | | |
| | 51:01 you know, that Mr. Desrosiers saw was | | |
| | 51:02 Dr. Annunziata, correct? | | |
| | 51:03 A. Correct. | | |
| | 51:04 Q. And Dr. Annunziata is a licensed | | |
| | 51:05 psychologist, correct? | | |
| | 51:06 A. Yes. | | |
| | 51:07 Q. And Mr. Desrosiers saw him | | |
| | 51:08 approximately two dozen times over a two-year | | |
| | 51:09 period; is that fair to say? | | |
| | 51:10 A. Between -- my understanding is between | | |
| | 51:11 September of 2021 and August of 2022. | | |
| | 51:12 Q. And it's true that Mr. Desrosiers | | |
| | 51:13 elected himself to end treatment in 2022, correct? | | |
| | 51:14 A. I think it was a mutual decision with | | |
| | 51:15 his therapist. | | |
| | 51:16 Q. Have you had an opportunity to review | | |
| | 51:17 those notes in preparation for your testimony | | |
| | 51:18 today, Dr. Romirovsky? | | |
| | 51:19 A. No. | | |
| | 51:20 Q. I've put on the screen Exhibit 186. | | |
| | 51:21 I'll represent to you this is the notes from | | |
| | 51:22 Dr. Annunziata, June 22nd, 2022. | | |
| | 51:23 Do you see that? | | |
| | 51:24 (Exhibit 186 was marked for purposes of | | |
| | 51:25 identification.) | | |
| | 52:01 MR. ZIMMERMAN: You're not showing the | | |
| | 52:02 date, Alaina. | | |
| | 52:03 MS. DEVINE: Oh. | | |
| | 52:04 A. Yes. | | |
| | 52:05 BY MS. DEVINE: | | |
| | 52:06 Q. Right here. | | |
| | 52:07 A. Yes. | | |
| | 52:08 Q. And I'll represent to you there are | | |

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| DESIGNATION | SOURCE | DURATION | ID |
|-------------|---|----------|----|
| | 52:09 some dating issues in these records, I believe, but | | |
| | 52:10 this is the record where Dr. Annunziata indicates | | |
| | 52:11 that Mr. Desrosiers was electing to end treatment | | |
| | 52:12 at this juncture. | | |
| | 52:13 Do you see that? | | |
| | 52:14 A. Yes. | | |
| | 52:15 Q. And Dr. Romirowsky, under mental | | |
| | 52:16 status, Dr. Annunziata documented, at least at that | | |
| | 52:17 time in June of 2022, Mr. Desrosiers' mood and | | |
| | 52:18 affect. | | |
| | 52:19 Do you see that here? | | |
| | 52:20 A. Yes. | | |
| | 52:21 Q. And it indicates anxious, mild. | | |
| | 52:22 Correct? | | |
| | 52:23 A. Yes. | | |
| | 52:24 Q. Depressed, mild. Correct? | | |
| | 52:25 A. Yes. | | |
| | 53:01 Q. Anger, mild. Correct? | | |
| | 53:02 A. Yes. | | |
| | 53:03 Q. And in these notes here, Dr. Annunziata | | |
| | 53:04 indicates "Reported having nightmares once in a | | |
| | 53:05 while when thinking about Cambridge or the job. | | |
| | 53:06 But mostly he is fine." | | |
| | 53:07 Correct? | | |
| | 53:08 A. Yes. | | |
| | 53:09 Q. "Dreams are about getting shot or being | | |
| | 53:10 chased with a gun. Not as frequent, though." | | |
| | 53:11 Correct? | | |
| | 53:12 A. Yes. | | |
| | 53:13 Q. "Still staying away from Cambridge | | |
| | 53:14 completely." | | |
| | 53:15 Correct? | | |
| | 53:16 A. Yes. | | |
| | 53:17 Q. "Thinks nightmares will subside if he | | |
| | 53:18 stays away from Cambridge, the site of his | | |
| | 53:19 shooting." | | |
| | 53:20 Correct? | | |
| | 53:21 A. Yes. | | |
| | 53:22 Q. It further indicates, "He declined | | |
| | 53:23 another round of exposure therapy around shooting | | |
| | 53:24 in Cambridge, because the trauma does not really | | |

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| DESIGNATION | SOURCE | DURATION | ID |
|-------------|---|----------|----|
| | 53:25 impact his life if he stays away from Cambridge and 54:01 if he stays away from" -- his words -- "the 54:02 defective gun." | | |
| | 54:03 Correct? | | |
| 54:04 | A. Yes. | | |
| 54:05 | Q. And it also indicates, "Since the | | |
| 54:06 | trauma minimally impacts his psychological | | |
| 54:07 | functioning, he elected to end treatment at this | | |
| 54:08 | juncture." | | |
| 54:09 | Correct? | | |
| 54:10 | A. Yes. | | |
| 54:11 | Q. "He cautioned that he may pick up | | |
| 54:12 | treatment again if need be." | | |
| 54:13 | Correct? | | |
| 54:14 | A. Yes. | | |
| 54:15 | Q. Mr. Desrosiers had a relationship with | | |
| 54:16 | Dr. Annunziata that he was free to come back to him | | |
| 54:17 | and contact him if needed, correct? | | |
| 54:18 | A. Yes. | | |
| 54:19 | Q. And Mr. Desrosiers found therapy to be | | |
| 54:20 | helpful, correct? | | |
| 54:21 | A. Yes. | | |
| 54:22 | Q. In the therapy notes with | | |
| 54:23 | Dr. Annunziata and also in his primary care notes, | | |
| 54:24 | Mr. Desrosiers talked about other issues that | | |
| 54:25 | contributed to his anxiety and depression, in | | |
| 55:01 | addition to the subject incident, correct? | | |
| 55:02 | A. Are you referring to a particular | | |
| 55:03 | record? | | |
| 55:04 | Q. Sure. I'm happy to put that up for | | |
| 55:05 | you. This will be Exhibit 186 [sic]. | | |
| 55:06 | (Exhibit 185 was marked for purposes of | | |
| 55:07 | identification.) | | |
| 55:08 | BY MS. DEVINE: | | |
| 55:09 | Q. Can you see that on the screen, | | |
| 55:10 | Dr. Romirowsky? | | |
| 55:11 | A. Yes. | | |
| 55:12 | Q. And I'll represent to you this is dated | | |
| 55:13 | April 14th, 2021, at the top here. It's a | | |
| 55:14 | telemedicine visit with his primary care physician. | | |
| 55:15 | Did you learn, Dr. Romirowsky, that | | |

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| DESIGNATION | SOURCE | DURATION | ID |
|-------------|--|----------|----|
| | 55:16 Mr. Desrosiers had been diagnosed with lung cancer 55:17 less than a year after his incident? | | |
| 55:18 | A. Yes. | | |
| 55:19 | Q. And he was specifically diagnosed in | | |
| 55:20 | September of 2020 with a malignant tumor of the | | |
| 55:21 | lung, correct? | | |
| 55:22 | A. Yes. I know he had surgery to remove a | | |
| 55:23 | lobe. | | |
| 55:24 | Q. Yes. Correct. | | |
| 55:25 | Didn't end up needing chemo, but there | | |
| 56:01 | was some talk about potentially having to have it | | |
| 56:02 | but didn't need it, correct? | | |
| 56:03 | A. Yes, didn't need it. | | |
| 56:04 | Q. And Mr. Desrosiers described his lung | | |
| 56:05 | cancer diagnosis to you as, quote, a very scary | | |
| 56:06 | event in his life, correct? | | |
| 56:07 | A. Sure, yes. Understandable. | | |
| 56:08 | Q. And it was something that he needed to | | |
| 56:09 | be monitored for for a number of years after his | | |
| 56:10 | surgery, correct? | | |
| 56:11 | A. Yes. | | |
| 56:12 | Q. And I'll draw your attention now to | | |
| 56:13 | this record in front of you. These are the Atrius | | |
| 56:14 | Health primary care records. Under HPI/Current | | |
| 56:15 | Issues or Questions, and this is with respect to | | |
| 56:16 | PTSD. | | |
| 56:17 | It indicates: Continues to follow with | | |
| 56:18 | outside behavioral health therapist, meeting | | |
| 56:19 | weekly. He reports improvement, still significant | | |
| 56:20 | worry and anxiety related to carrying a gun and | | |
| 56:21 | returning to work. | | |
| 56:22 | And that's what -- consistent with what | | |
| 56:23 | he told you, correct? | | |
| 56:24 | A. Yes. | | |
| 56:25 | Q. It indicates here, "He has long felt | | |
| 57:01 | depression over the issue, compounded by his | | |
| 57:02 | relatively recent lung cancer diagnosis." | | |
| 57:03 | Correct? | | |
| 57:04 | A. Yes. | | |
| 57:05 | Q. "He is continuing to see a therapist | | |
| 57:06 | weekly, finds it beneficial as mentioned, intends | | |

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| DESIGNATION | SOURCE | DURATION | ID |
|---------------|--|----------|---|
| | 57:07 to continue going forward." 57:08 Correct? 57:09 A. Yes. 57:10 Q. And that's consistent with the 57:11 testimony you just gave on direct that seeing the 57:12 therapist appeared to have mitigated some of his 57:13 symptoms, correct? 57:14 A. Yes. | | |
| 58:12 - 62:07 | Romirowsky, Samuel 2025-06-30 | 00:04:06 | SamuelRomirowsky-editedfortrial. |
| | 58:12 Q. Dr. Romirowsky, a little bit further 58:13 down, it states, "Though the lung cancer diagnosis 58:14 did not cause depression or PTSD, the diagnosis was 58:15 made after his gunshot wound and contributed to 58:16 symptoms overall." 58:17 Correct? 58:18 A. So if I understand that correctly, that 58:19 note is suggesting that the doctor felt that 58:20 although he already had been diagnosed with cancer, 58:21 he didn't get diagnosed with PTSD until after the 58:22 gunshot. 58:23 Q. The gunshot came first and then the 58:24 cancer diagnosis, correct? 58:25 A. Yes. Well, yes, that's true. Yes. 59:01 Q. And in between these two highlighted 59:02 paragraphs, it states, "After discussion, we agreed 59:03 to" -- I'm going to butcher this, but is that 59:04 Celexa there? 59:05 A. That's citalopram. Yes. 59:06 Q. Citalopram. Thank you. 59:07 So at least as reflected in this notes 59:08 -- in this section in the discussion of 59:09 Mr. Desrosiers' psychological issues, this is 59:10 approximately when the Celexa medication began, 59:11 correct? 59:12 A. Yes. 59:13 Q. It's true, Dr. Romirowsky, that 59:14 symptoms of depressive disorder are not always 59:15 permanent, correct? 59:16 A. Yes. | | 7 |

| DESIGNATION | SOURCE | DURATION | ID |
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| | 59:17 Q. They can lessen over time, correct? | | |
| | 59:18 A. They can, yes, or they can worsen. | | |
| | 59:19 Q. And some -- I'm sorry. | | |
| | 59:20 A. They can go in either direction, lessen | | |
| | 59:21 or worsen. | | |
| | 59:22 Q. Sure. And in some -- some | | |
| | 59:23 circumstances, they could disappear completely, | | |
| | 59:24 correct? | | |
| | 59:25 A. Yes. That's the goal. | | |
| | 60:01 Q. And there's people with depressive | | |
| | 60:02 disorders that are able to obtain and maintain | | |
| | 60:03 employment, perhaps not with the police department | | |
| | 60:04 but otherwise, correct? | | |
| | 60:05 A. Yes. | | |
| | 60:06 Q. And in your meetings with | | |
| | 60:07 Mr. Desrosiers, at least according to the notes | | |
| | 60:08 that you took, he expressed a desire to want to | | |
| | 60:09 work, correct? | | |
| | 60:10 A. Yes. | | |
| | 60:11 Q. You went through this a little bit on | | |
| | 60:12 direct, but you wrote in your report, "It's highly | | |
| | 60:13 recommended that Mr. Desrosiers resume professional | | |
| | 60:14 psychological assistance to help him cope more | | |
| | 60:15 effectively with the symptoms that he's been | | |
| | 60:16 experiencing and mitigate the severity of those | | |
| | 60:17 symptoms." | | |
| | 60:18 Correct? | | |
| | 60:19 A. Yes. | | |
| | 60:20 Q. And you also recommended that | | |
| | 60:21 Mr. Desrosiers see a specialist for the evaluation | | |
| | 60:22 of the use of the Celexa or other medications, | | |
| | 60:23 correct? | | |
| | 60:24 A. Yes. | | |
| | 60:25 Q. And at least as you -- when you | | |
| | 61:01 interviewed Mr. Desrosiers in December of 2023, | | |
| | 61:02 Mr. Desrosiers had not done either of those for | | |
| | 61:03 almost two years, correct? | | |
| | 61:04 A. After I saw him, did you say? | | |
| | 61:05 Q. I said -- let me repeat the question. | | |
| | 61:06 I apologize. | | |
| | 61:07 At the time that you interviewed | | |

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| DESIGNATION | SOURCE | DURATION | ID |
|---------------|---|----------|---|
| | <p>61:08 Mr. Desrosiers, he hadn't sought treatment or</p> <p>61:09 continued treatment or evaluation of the use of</p> <p>61:10 medication in almost two years, correct?</p> <p>61:11 A. I believe he was still taking the</p> <p>61:12 Celexa.</p> <p>61:13 Q. Okay. And you don't know what his</p> <p>61:14 current status is in terms of his use of medication</p> <p>61:15 or the resumption of professional psychological</p> <p>61:16 assistance, correct?</p> <p>61:17 A. I don't know anything about him since I</p> <p>61:18 evaluated him in December of 2023.</p> <p>61:19 Q. Okay. And it's possible with an</p> <p>61:20 effective combination of psychological treatment</p> <p>61:21 and medical treatment Mr. Desrosiers' symptoms</p> <p>61:22 could be more waning over time as opposed to, say,</p> <p>61:23 waxing and waning, correct?</p> <p>61:24 A. Yes.</p> <p>61:25 Q. Okay.</p> <p>62:01 A. And, in fact, it seems clear that at</p> <p>62:02 the time that he discontinued treatment he was</p> <p>62:03 doing better.</p> <p>62:04 So my recommendation seemed logical to</p> <p>62:05 me, at least, that if he would resume treatment and</p> <p>62:06 continue to take appropriate medications that he</p> <p>62:07 would again feel better.</p> | | |
| 62:20 - 64:08 | Romirowsky, Samuel 2025-06-30 | 00:01:31 | SamuelRomirovsky-editedfortrial. |
| | <p>62:20 MS. DEVINE: I have no further</p> <p>62:21 questions, Dr. Romirowsky. Thank you very</p> <p>62:22 much.</p> <p>62:23 THE WITNESS: You're welcome.</p> <p>62:24 - - -</p> <p>62:25 R E - D I R E C T E X A M I N A T I O N</p> <p>63:01 - - -</p> <p>63:02 BY MR. ZIMMERMAN:</p> <p>63:03 Q. Dr. Romirowsky, I just have a few.</p> <p>63:04 You were shown a record that identified</p> <p>63:05 that in 2022 Mr. Desrosiers at that time was</p> <p>63:06 experiencing minimal symptoms during the time where</p> <p>63:07 he was receiving treatment and medications.</p> | | 8 |

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| DESIGNATION | SOURCE | DURATION | ID |
|---------------|---|----------|---|
| | <p>63:08 Do you recall seeing that?</p> <p>63:09 A. Yes.</p> <p>63:10 Q. Why do you believe his symptoms were minimal at that point?</p> <p>63:12 A. It would suggest to me that the treatment was effective, that he was getting help psychologically by the outpatient psychotherapy he was getting from Dr. Annunziata and in combination with medication that is designed to reduce his anxiety and depression, and the combination seemed effective.</p> <p>63:19 Q. Is that exactly why you recommended that Mr. Desrosiers needs more treatment as a result of these injuries?</p> <p>63:22 A. It is. I don't know why he didn't do it in the intervening time between when he stopped and when I evaluated him; I just don't know.</p> <p>63:25 But at that point that I saw him, I suggested and recommended that he go back to treatment, believing that he would again benefit from it.</p> <p>64:04 Q. Doctor, you were asked about two disciplinary complaints: One from about 30 years ago and one from about seven years ago.</p> <p>64:07 Do you recall that?</p> <p>64:08 A. I sure do.</p> | | |
| 64:15 - 65:13 | <p>Romirofsky, Samuel 2025-06-30</p> <p>64:15 Q. Let me ask you. What was the issue from seven years ago?</p> <p>64:17 A. The issue from seven years ago was that in the context of an arbitration, a dispute that I was trying to get resolved between me and a former litigant in a custody case, that the arbitrator, not me, in fact, the arbitrator accidentally released the address of the litigant, which was a violation of his right to have his information protected, and I took responsibility for it.</p> <p>64:25 I argued that it should not have been me because I didn't release the information, but</p> | 00:01:09 | <p>SamuelRomirofsky-editedfortrial.</p> <p style="text-align: right;">12</p> |

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| | <p>65:02 that's where it landed.</p> <p>65:03 Q. And then the one from 30 years ago, you</p> <p>65:04 said was a result of an incorrect term in a report?</p> <p>65:05 A. Yes.</p> <p>65:06 Q. Okay. How many people have you either</p> <p>65:07 treated or evaluated over the course of your</p> <p>65:08 career?</p> <p>65:09 A. Thousands.</p> <p>65:10 Q. Okay. And there were two out of the</p> <p>65:11 thousands identified. Did either complaint impact</p> <p>65:12 your ability to practice in your field in any way?</p> <p>65:13 A. Not in any way.</p> | | |
| 66:22 - 67:06 | Romirowsky, Samuel 2025-06-30 | 00:00:24 | SamuelRomirovsky-editedfortrial. |
| | <p>66:22 MR. ZIMMERMAN: Ms. Devine, could you</p> <p>66:23 pull up the cancer note?</p> <p>66:24 MS. DEVINE: Sure.</p> <p>66:25</p> <p>67:01 BY MR. ZIMMERMAN:</p> <p>67:02 Q. Doctor --</p> <p>67:03 MR. ZIMMERMAN: And for the record,</p> <p>67:04 this is -- what exhibit did you mark it as,</p> <p>67:05 Ms. Devine?</p> <p>67:06 MS. DEVINE: 185.</p> | | 13 |
| 68:05 - 69:03 | Romirowsky, Samuel 2025-06-30 | 00:00:59 | SamuelRomirovsky-editedfortrial. |
| | <p>68:05 Q. Doctor, I'm sorry to ask you this, but</p> <p>68:06 is it normal or abnormal for someone who is dealing</p> <p>68:07 with a cancer diagnosis to have feelings of</p> <p>68:08 depression over it?</p> <p>68:09 A. That's a common reaction to learning</p> <p>68:10 that diagnosis.</p> <p>68:11 Q. Is it normal or abnormal, in your</p> <p>68:12 experience, to have a cancer diagnosis be a scary</p> <p>68:13 event for someone?</p> <p>68:14 A. Very normal.</p> <p>68:15 Q. The highlighted portion on the screen</p> <p>68:16 indicates that the diagnosis of depression and</p> <p>68:17 stress disorder were not due to the cancer</p> <p>68:18 diagnosis but were the result of the unintended</p> | | 10 |

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| | 68:19 discharge? 68:20 A. That's my understanding of the note. 68:21 MR. ZIMMERMAN: Ms. Devine, you can 68:22 take that down. Thank you. 68:23 BY MR. ZIMMERMAN: 68:24 Q. Finally, Dr. Romirowsky, you were asked 68:25 about whether Mr. Desrosiers wanted to avoid 69:01 talking about his injuries in the incident. 69:02 Do you recall that? 69:03 A. Yes. | | |
| 69:23 - 70:24 | Romirowsky, Samuel 2025-06-30 | 00:01:04 | SamuelRomirofsky-editedfortrial. |
| | 69:23 Q. Yeah. You were asked about whether 69:24 Mr. Desrosiers wanted to avoid talking about his 69:25 injuries in the incident? 70:01 A. Yes. 70:02 Q. In your experience, is it common or 70:03 uncommon for people who have suffered injuries to 70:04 the most sensitive parts of their body to want to 70:05 discuss them? 70:06 A. It's very common that they do not want 70:07 to discuss it. 70:08 Q. And -- please, go ahead. 70:09 A. No. I'm saying the baseline, meaning 70:10 in the normal general population of people, it 70:11 would be expected that people who suffer that kind 70:12 of injury would not be comfortable talking about 70:13 it. 70:14 Q. And is it normal or abnormal, in your 70:15 experience treating and evaluating people, for 70:16 people who have suffered injuries to the most 70:17 sensitive parts of their body to want to go back to 70:18 the injury scene or not? 70:19 A. It's common that they do not. It's 70:20 common that they avoid the injury scene or anything 70:21 that they associate with the injury scene. 70:22 MR. ZIMMERMAN: Thank you, Doctor. 70:23 Those are all the questions I have. 70:24 THE WITNESS: You're welcome. | | 11 |

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| Our Designations | 01:07:52 |
| TOTAL RUN TIME | 01:07:52 |